

Group Skateboarding Lessons by America In-line

Cost Per Session:
\$40 Resident
\$45 Nonresident

Course Descriptions for Fall 2007

Improve your skating skills! Learn the basic steps to skating or perfect your tricks at the Gaithersburg Skate Park. America In-line offers two types of skateboarding lessons at the Park to meet your skill level.

Beginner Flat Skate—Skateboarding Level One

This is designed for individuals who are just learning to skateboard and have not been in a skate park before. Instruction, for the most part, will take place on a roped off area in our parking lot. Lessons will include:

Day 1: Forward movement, balance, proper body position, and falling techniques

Day 2: Stopping and turning

Day 3: Applied skills and introduction to kicker ramps

Novice Park Skate – Skateboarding Level Two

This is designed for in-line skateboarders who are somewhat familiar with the skate park structures. All skaters should be able to skate comfortably on open/flat surfaces. Both intermediate and advanced skateboarders are welcome. Instruction will take place inside the skate park and will include the following:

Day 1: Introduction to kicker ramps and mini rails

Day 2: Ramp transitions and pumping

Day 3: Dropping in on the mini

As with any sport, practice is important. We encourage all skaters to work on their skills in between class sessions. As a reminder: **BE SAFE AND HAVE FUN!!!**

Open to those five and older! Participants are required to bring their own skateboards.

Rental protective gear is included in lesson cost. However, we have a limited supply, so if you have your own gear please bring it.

***See reverse side for details**



General Information:

- ◆ Each class consists of three, one-hour sessions.
- ◆ Lessons will take place in the skate park or on the parking lot.
- ◆ If a lesson is canceled due to inclement weather, the lesson will be conducted on the make-up day.
- ◆ Parents of participants under the age of 18 will be required to show up at the first lesson for a brief introduction and to sign our Skate Park waiver.

| Name | Day | Time | Session Dates | Activity # |
|---------------------|------------|----------------|---------------------------------------|------------|
| Beginner Flat Skate | Wednesdays | 4-5 p.m. | Sept. 19, 26, Oct.3 Make-up Oct.10 | 22723 |
| Novice Park Skate | Wednesdays | 5:15-6:15 p.m. | Sept. 19, 26, Oct.3 Make-up Oct.10 | 22724 |

REGISTRATION FORM

☐ Check here if new address/phone since last time registered.

☐ YES! I would like to be added to the Skate Park e-mailing list. (Please neatly print entire e-mail address below)

E-mail: _____

Payer's Last Name _____ Payer's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work # (Mom) _____ (Dad) _____ City Resident ☐ Nonresident ☐

| Participant's Name | Sex M/F | Birthdate M/D/Y | Activity/Class Name | Activity # | Start Date | Day | Grade | School | Fee | Non Res. Fee | Total |
|---------------------|------------|--------------------|------------------------|---------------|---------------|------|-------|--------|---------|--------------------|---------|
| Example: Ryan Tuner | M | 5/12/97 | Flat skate | 22723 | 09/19 | Wed. | 5 | GES | \$40.00 | \$00.00 | \$40.00 |
| | | | | | | | | | | | |

TOTAL \$

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed : _____

Amount Paid \$ _____ Cash ☐ Check # _____
 Visa/MC/Discover# _____ Exp.Date ____/____
 Signature (name on card) _____
 Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ Date _____